

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	<i>71632</i>	<i>10/13/99</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>10/20/99</i>
FORMALITY REVIEW	CM	71632	10/28/99 2-4-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	5/7/70
2	✓	✓	5/10/70
3	✓	✓	5/14/70
4	✓	✓	5/14/70
5	✓	✓	5/14/70
6	✓	✓	5/14/70
7	✓	✓	5/14/70
8	✓	✓	5/14/70
9	✓	✓	5/14/70
10	✓	✓	5/14/70
11	✓	✓	5/14/70
12	✓	✓	5/14/70
13	✓	✓	5/14/70
14	✓	✓	5/14/70
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48	✓	✓	5/14/70
49	✓	✓	5/14/70
50	✓	✓	5/14/70

Claim	Final	Original	Date
51	✓	✓	5/14/70
52	✓	✓	5/14/70
53	✓	✓	5/14/70
54	✓	✓	5/14/70
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here